



Office of the Governor  
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Office of the Governor,  
Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

(Dr/Mr./Mrs./Ms.) HILL MARY WYNNE  
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

ADMINISTRATIVE  
COASTAL EMPIRE COMMUNITY MENTAL HEALTH CENTER, BOARD

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 1

6108 VAUX RD  
BEAUFORT, SC 29906

4] Home Telephone: 843-322-9970 5] Office Telephone: 843-522-5600 6] Fax: 843-522-5598

7] Mobile Telephone: 843-694-3207 8] Email Address: mhill@bmrhsc.org

9] Drivers License # 102484338 10] Social Security #: 250-02-8834

11] Voter Registration # 074533981 12] Date of Birth: 09-20-1962

13] Race: C 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School \_\_\_\_\_  
High School graduate or equivalence (G.E.D.) \_\_\_\_\_  
Some College \_\_\_\_\_  
College graduate \_\_\_\_\_  
Professional degree (please specify) MD

16] Present Employer BEAUFORT MEMORIAL HOSPITAL

Address 955 RIBAUT RD BEAUFORT, SC 29902

Current Position MEDICAL DIRECTOR, PSYCHIATRY

17] Years of residence in South Carolina: 5

18] Have you ever been arrested for a crime other than a minor traffic violation? NO If so, give details.\*

- 19] Have you filed state and federal income tax returns for the past five years? Yes If not, give details.\*
- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? NO If so, give details.\*
- 21] Have you ever defaulted on any state or federal student loan? NO If so, give details.\*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? NO  
If so, give details.\*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? NO  
If so, give details.\*
- 24] Have you ever served in the military? NO  
Were you honorably discharged? \_\_\_\_\_ If not, give details.\*
- 25] Have you ever been terminated from employment for cause? NO If so, give details.\*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.\*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.\*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.\*
- 29] Do you serve on any local or state board, commission, committee, or elected office? NO If so, list.\*
- 30] Are you a registered lobbyist in the State of South Carolina? NO
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? NO If so, give details.\*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? NO If so, give details.\*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? NO If yes, give details.\*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? NO If so, please identify \*:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? NO If so, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? NO If so, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? NO If yes, please identify \*:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Mary Wynn Hill, agree that, if I am appointed to the CEMIT Administrative Board I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

\*Use extra sheet if necessary.

### **CERTIFICATION OF APPLICANT**

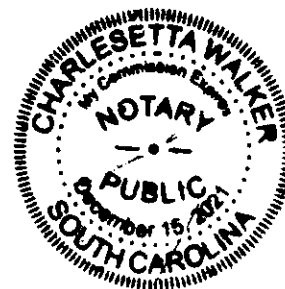
Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Mary Wynn Hill  
Applicant's Signature

Sworn and subscribed before me this 9th day of September, Two Thousand and 15.

Charlotte  
Notary Public for South Carolina

My commission expires December 15, 2021



## **MARY WYNN HILL, MD**

6108 Vaux Road  
Beaufort, SC 29906  
(843)322-9870  
mhill@bmhsc.org

### **Employment**

6/2010 – Present Attending Psychiatrist  
Beaufort Memorial Hospital  
Beaufort, SC

2/2008 - 5/2010 Attending Psychiatrist  
Roanoke Chowan Hospital  
Ahoskie, NC

6/2002 – 1/2008 Attending Psychiatrist  
Winchester Medical Center  
Winchester, Virginia

2001 – 6/2002 Staff Psychiatrist  
United Summit Center  
Clarksburg, West Virginia

2000 – 2001 Staff Psychiatrist  
Valley Mental Health Short Term Residential Unit  
Morgantown, West Virginia

1999 - 2000 Clinic Psychiatrist  
Valley Mental Health  
Kingwood, West Virginia

1991 - 1993 Research Assistant  
Mary Babb Randolph Cancer Center  
Morgantown, West Virginia

### **Faculty Appointments & Teaching Experience**

2010 Medical Director  
Sea Island Psychiatry, Beaufort, SC

2008 Medical Director, Outpatient Services  
Psychiatric Associates of Ahoskie, Ahoskie, NC

2005 Medical Director, Apple Wood (Geriatric Psychiatric Unit), Winchester Medical Center, Winchester, VA

2005 Adjunct Professor, Physicians Assistant Program, Shenandoah University, Winchester, VA

2004 Chief of Psychiatry, Winchester Medical Center,  
Winchester, VA

1999 Resident Advisory Council, West Virginia University, Morgantown, WV

#### Residency

1997 - 2002 Internal Medicine/Behavioral Medicine & Psychiatry  
West Virginia University Hospitals  
Morgantown, WV

7/2001 – 6/2002 Chief Resident in Internal Medicine/Behavioral Medicine & Psychiatry, West Virginia  
University Hospitals Morgantown, WV

#### Education

1993 – 1997 Doctor of Medicine  
West Virginia University School of Medicine  
Morgantown, WV

1991 Mary Babb Randolph Cancer Center Research Fellowship  
Morgantown, WV

1990 - 1991 Pre-Medicine, West Virginia University  
Morgantown, WV

1985 - 1986 University of South Carolina  
Institute of International Studies  
Columbia, South Carolina

1980 - 1984 Bachelor of Arts in Spanish  
College of Charleston  
Charleston, South Carolina

#### Presentations

4/2011 Alcohol Withdrawal Syndromes  
Beaufort Memorial Hospital  
Nursing Staff – 5<sup>th</sup> floor

10/2009 Caregiver Stress  
Presented to Ahoskie Rotary Club, Ahoskie, NC

4/2009 Care of the Hospitalized Patient with Dementia  
Roanoke Chowan Hospital Nursing Staff, Ahoskie, NC

9/2008 Management of the Agitated Hospitalized Patient  
Roanoke Chowan Hospital Nursing Staff, Ahoskie, NC

9/2007 Electroconvulsive Therapy  
Grand Rounds  
Winchester Medical Center, Winchester, VA

9/2006 Evidence-based Treatment of the Hospitalized Patient at Risk for Alcohol Withdrawal. Grand Rounds, Winchester Medical Center, Winchester, VA

9/2006 Management of the Agitated Patient with Traumatic Brain Injury. Winchester Rehabilitation Center, Winchester, VA

5/2006 Temporary Detention Orders. Presentation to Nursing Staff on Medical Floor. Winchester Medical Center, Winchester, VA

5/2002 Mood & Anxiety Disorders in the Medically Ill. West Virginia University Department of Behavioral Medicine & Psychiatry, lecture for residents, Morgantown, WV

4/2002 Abstract Autosomal Dominant Polycystic Kidney Disease Masquerading as Von Hippel Lindau Disease. American College of Physicians Meeting, Morgantown, West Virginia.

1/2002 Hyperprolactinemia: A Psychiatric Diagnosis? West Virginia University Department of Behavioral Medicine & Psychiatry Grand Rounds.

6/2001 Diagnosis of Stiffman Syndrome in a Patient with Multiple Psychiatric Complaints, West Virginia University Department of Behavioral Medicine & Psychiatry Grand Rounds.

4/1999 Abstract Hill, Palmer, Hornsby. Fever of Unknown Origin – Stills Disease? American College of Physicians Meeting,  
Morgantown, West Virginia.

#### Publications

Flynn DC, Koay TC, Humphries CG, Hill MW, & Guappone AC. Monoclonal antibodies directed against AFAP-110 recognize species-specific and conserved epitopes. Hybridoma 1999 April; 18(2): 167-75.

#### Professional Associations

2010 South Carolina State Medical Association  
2008 North Carolina State Medical Association  
2001 American Psychiatric Association

**2013 Member Community Practitioners Advisory Board, MUSC**

**Professional Recognition**

**2002 Pfizer Psychiatry Resident of the Year Award**

**2001 Janssen Psychiatry Resident Award of Excellence**

**1999 Brandon K. Fuller Award – Behavioral Medicine & Psychiatry**

**Certification**

**2001 Electroconvulsive Therapy Theory & Practice Course**

**2002 Internal Medicine**

**2003 Psychiatry**

**Medical Licensure**

**2010 South Carolina**

**2008 North Carolina**

**2002 Virginia**

**1999 West Virginia**